Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

					LATE CONTRIBUTION REPORT
	AND SERVICES, A COALITION OF ON-DEMAND DRIVERS MALL BUSINESSES, COMMUNITY GROUPS AND PUBLIC	Date of This Filing	/03/2020	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181	Report No. LCR # 1665	R # 1665		For Official Use Only
STREET ADDRESS		☐ Amendment to Report No.		Page 1 of 3	
CITY SAN RAFAEL	STATE ZIP CODE CA 94901	No. of Pages	3		
Late Contribution(s) F	Received				
DATE	ELILL NAME MAILING ADDRESS AND 7ID CODE OF CONTRID	ITOP CONT	PIRI ITOP	IF AN INDIVIDUAL	DLOVER AMOUNT

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/31/2020	LYFT, INC San Francisco, CA 94107	☐ IND☐ COM☐ OTH☐ PTY		\$10,072.19
	Memo Reference: NON:S497:170	□ scc		
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		
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*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contribution Report

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ATE CONTRIBUTION REPORT

Late Contribution(s) Made				
CITY SAN RAFAEL	STATE ZIP CODE CA 94901	(explain below) No. of Pages3		
STREET ADDRESS	EET ADDRESS		Page 2 of 3	
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181	Report No. LCR # 1665		For Official Use Only
PROTECT APP-BASED DRIVERS AND SERVICE AND NETWORK COMPANIES, SMALL BUSINE	SSES, COMMUNITY GROUPS AND PUBLIC	Date of This Filing03/03/2020	Date Stamp	CALIFORNIA FORM 497
				LATE CONTRIBUTION REPORT

FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
		FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT OR MEASURE AND JURISDICTION CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION AMOUNT OF CONTRIBUTION

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: NON:S497:170 NON-MONETARY CONTRIBUTION FOR THE PERIOD 1/2 - 1/31/20
NON-MONETARY CONTRIBUTION FOR THE PERIOD 1/2 - 1/31/20